

**Maricopa Integrated Health Systems  
Formulary Prior Auth Criteria**

**Drug: Oxycontin** (oxycodone HCL controlled-release)

**Therapy:**

Is indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Not intended for p.r.n. use.

**Inclusion:**

- Request needs to come from a pain specialist or oncologist
- Failure of all formulary pain medications with a sufficient trial and response or contraindications of what is on

**Black Box Warning:**

**Controlled-release oxycodone is an opioid agonist and a Schedule II controlled substance with an abuse liability similar to Morphine. These tablets are supposed to be swallowed whole and not crushed, broken, or chewed. Taking these tablets in this manner can cause a rapid release and absorption of a potentially fatal dose of oxycodone.**

**This drug is popular on the black market and in the crushed form can be inhaled which generates a high similar to Heroin but more dangerous.**

**Authorization:**

- **Terminal illness or Intractable pain:**
  1. Initially three months with quantity limit of bid dosing and pickup of every two weeks. Plus tied to the contracted doctor dea number
  2. Six months increments with quantity limit of above and tied to the doctor dea number with documented efficacy
- **Other pain modalities:**

Ninety days only with bid dosing and pickup of every two weeks. Plus tied to the contracted doctor dea number

**Medical Director**\_\_\_\_\_

**Date**\_\_\_\_\_